

STUDENT WAIVER FORM

As a student enrolled in a distance learning course I understand that I am participating in a course where my voice, physical image, individual and group work may be transmitted to other sites and/or recorded as a part of the course distribution.

I agree that the transmission and/or recording will not be a violation of my personal rights in connection with this distance learning course.

Student signature: _____

Parent/Guardian signature: _____

Date: _____